a valid OMB control number.

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

DECLARATION FOR UTILITY OR **DESIGN** PATENT APPLICATION (37 CFR 1.63)

☑ Declaration Submitted with Initial Filing

OR

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Numb	per
First Named Inventor	Chang-Chih Sung
COMPLET	TE IF KNOWN
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inve	ntor, I h	ereby declare that:					
My residence, post office				novi to			
1						. *	
I believe I am the origina names are listed below)	i, first and of the sul	d sole inventor (if on pject matter which is	lly one name is lis claimed and for v	ted below) or an original.	first and joint inve	ntor (if plural
METHOD AND	API	PARATUS F	OR MANUE	ACTU	RING PE	RINTED L	IGHT
GUIDE PLAT	Έ					·	ĺ
the specification of which	h	(Til	to of the lawarian	.1			
is attached hereto)	(112	tle of the Invention	"	· ·		
OR ' Was filed on (MM/I	מאאטר	~ 					
		<u>'</u>		as Unite	d States Applica	ation Number or P	CT International
Application Number			as amended on ((if applicable).
I hereby state that I have ramended by any amendm	eviewed	and understand the fically referred to ah	contents of the all	bove iden	tified specificatio	on, including the c	laims, as
I acknowledge the duty to				in de la company	defined to 07 O		
			material to pateri	ability as	delined in 37 Ci	-H 1.56.	
I hereby claim foreign prior	ity benef	ils under 35 U.S.C.	119(a)-(d) or 36	5(b) of ar	y foreign applic	cation(s) for pater	nt or inventor's
America, listed below and ha	ave also	identified helow hy	checking the bes	ed at lea	st one country	other than the Ur	
or of any PCT international a	эррисацо	n naving a tiling dati	e before that of th	e applicat	ion on which pri	ority is claimed.	
Prior Foreign Application			Foreign Filln	g Date	Priority	Certified Cop	y Attached?
Number(s)	Country		(MM/DD/YYYY)		Not Claimed	YES	NO
92101908	Τā	iwan	Jan/29/	03		図	
Additional foreign applies		hara and Providence					
Additional foreign application of the hereby claim the benefit up	nder 35	U.S.C. 119(e) of an	Supplemental pro United States or	ority data :	sheet PTO/SB/0	2B attached herei	lo:
Application Number	(s)	Filing Date	(MM/DD/YYY)	()	application(3) iis	ied delow,	
					Additio	nal provisional	application
·				İ	numbe	ers are listed on	а
						mental priority of B/02B attached	

.[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

	_	
Prease type a club sign (-) inside this box		ı
d'area non a stor man /	 , ,	ı

PTO/SQUID (12/97)
Addroved for use inrough 9/30/00. CMB 9551-0032
Patent and Trademark Office: U.S. CEPARTMENT OF COMMERCE
1 valid OMB control number

DECLARATION — Utility or Design Patent Application

							70.100.	•
United States or PC	enefit under 13 U.S.C. 129 nenca, iisted below and, i T International accilication material to patentability a PCT international filling sate	in the manner or	ovided by		in Califfic of this and	מסטוביםנוב	Lis ant discini	20 10 10 1 000
U.S. Parent Application or PCT Parent			τ	Parent E	iling Date			
•	Number				DACCAS	Pa	rent Paten <i>(if applic</i>	
		-					(II accine	acrej
					·.			
Accisonal U.S.:	or PCT international applica	ation numbers ar	e listed on	a supplementa	Charity data sheet	PTO/S	VO79 attached	. Jarain
es a gamen inventor.	I SACARY ACCOUNT TO GIVE			simpseons or (this acclication and	la trans	act all busines	5 :0 :00 Zaran
and trademark Unica	connected therewith:	Custamer Num	ser 2 =	859		▶ 「	Place Cus	
		CR Registered orac	itioneds)	Came/registrari	on number listed bel		Number Ba	
		Regist		and and action	on normber asted det	cw C		
Na Na	ıme	Num	Dec		Name			umber
						-		
		1		- 1				
1 1		1						
Accitional recister	ed practitioner(s) named o	n succiemental i	Recistered	Practitioner Inf	ormation sheet PTO	/S8/02	C addonest hes	elu
Direct all correspon	dence to: 😡 Custom	er Number	2		7			
	or Bar (Code Lacel	Z:	5859		orresp	ondence add	ress celow
Name								
Hame								
Address								
Address !								
City	•							
Country		1_	Ī	State	Z:P			
	*	Telephone			Fax			
herapy declare that believed to be true; as cunishable by fine or polication or any pate	all statements made nerei nd funner that these state imprisonment, or both, un nt issued thereon.	n of my own knoments were maded to U.S.C. to	owledge ar de with the OOI and th	e true and that knowledge to tall the true and tr	t all statements ma at willful false state false statements n	de on ments Tay jeo	information an and the like s pardize the va	d belief are made are liking of the
lame of Sole or				A petition	has been filed for	this u	nsigned inve	ntor
Given Name (first and middle fif anvi)				Family Name or Sumame				
	Chang-Chih				Sung			
Inventor's								
	Mang- ()hi	h Smg				j	Oate	01/0\$
Signature			T i	ì				
Signature	Tu-Chen	State		Country	Taiwan	1	Citizenship	<u>Taiwa</u>
Signature Residence: City			P. W	Country	Taiwan	1	Citizenship	<u>Taiwa</u>
-	Tu-Chen		ew	Country	Taiwan	ı	Citizenshia	Taiwa
Signature Residence: City Post Office Address Post Office Address Eity Santa	1650 Memoi	CA	e w	95050	Taiwan		Citizenship	